

## State of Arkansas

## DEPARTMENT OF FINANCE AND ADMINISTRATION

## Authorization Agreement for Electronic Funds Transfer of Sales and Use Tax

Arkansas Sales Tax/Business Permit Number: (12 digits) \_\_\_\_\_

Check one of the following boxes:

☐ Initial Filing of the EFT Agreement Form☐ Change of Bank or Other Information

Effective date of change \_\_\_\_\_

PLEASE PRINT OR TYPE

<b>C</b>	Name of Business or Organization _____	
<b>O</b>	Primary EFT Contact Person _____	Phone ( ) _____
<b>N</b>	Address _____	FAX ( ) _____
<b>T</b>	City, St, Zip _____	
<b>A</b>	Secondary EFT Contact Person _____	Phone ( ) _____
<b>C</b>	Address _____	FAX ( ) _____
<b>T</b>	City, St, Zip _____	
<b>S</b>	Signature of Owner, Partner or Officer _____	Date _____

**CHOOSE ONLY ONE OF THE TWO PAYMENT OPTIONS BELOW****Complete this section only if you choose the ACH DEBIT OPTION**

If ACH Debit is chosen, you authorize the Department of Finance and Administration or it's agent to present debit entries to your bank for the

**A** tax specified above. Only you can initiate a debit by calling the State's Service Bureau and indicating the amount of the tax to be paid by EFT.**C** An AUTHORIZED REPRESENTATIVE of your bank must complete and sign this section of the form.**H** Bank Name \_\_\_\_\_

Bank Address \_\_\_\_\_

**D** City, St, Zip \_\_\_\_\_**B** **E** Bank Acct. # \_\_\_\_\_ Routing/Transfer # \_\_\_\_\_**B** \_\_\_\_\_**I** ☐ Checking ☐ Savings**T** Printed Name of Bank Representative \_\_\_\_\_

Signature of Bank Representative \_\_\_\_\_ Date \_\_\_\_\_

Signature of Owner, Partner or Officer \_\_\_\_\_ Date \_\_\_\_\_

**Complete this section only if you choose the ACH CREDIT OPTION****A** An AUTHORIZED REPRESENTATIVE of your bank must sign this section of the form confirming that you and**C** your bank are capable of initiating ACH Credits in the required CCD+TXP format.**H** Bank Name \_\_\_\_\_

Bank Address \_\_\_\_\_

**C** **C** City, St, Zip \_\_\_\_\_**R** Printed Name of Bank Representative \_\_\_\_\_**E** \_\_\_\_\_**D** Signature of Bank Representative \_\_\_\_\_ Date \_\_\_\_\_**I** \_\_\_\_\_**T** Signature of Owner, Partner or Officer \_\_\_\_\_ Date \_\_\_\_\_**Complete this form and return to:**

Sales Tax EFT Unit, P. O. Box 3566, Little Rock, AR 72203-3566 - Telephone: (501) 682-7105 - FAX (501) 683-4283

**STATE OF ARKANSAS  
SALES AND USE TAX SECTION**

**Instructions for Filling Out the EFT-1 ST Form**

**Purpose.** This Form is to be used for establishing an EFT agreement, setting up EFT information with the bank(s) and establishing contact personnel. This information falls under the Arkansas laws of confidentiality and none of this information will be used for any other reason.

**TOP SECTION** Enter your twelve digit Arkansas Business (Sales Tax) Permit Number in the blank provided. Your permit number normally displays only 11 digits, just add a preceding zero to the front. Check one of the next two boxes. The first box indicates this is your first time to file an EFT-1 ST form. The other box should be checked if you are just changing information.

**Note: If you are changing banks or bank account information, you must re-file this form with the new information at least 30 days prior to your next payment date.**

**SECTION A - CONTACT**

1. Enter the name of the business as shown on your permit.
2. Enter the name, telephone number, and address of the primary EFT contact person for the business. This person must have knowledge of your EFT program and be able to answer questions, or provide information in case of technical problems.
3. Enter the name, telephone number, address, city, state and zip code of the secondary EFT contact person for the business. This person must have knowledge of your EFT program and be able to answer questions, or provide information in case of technical problems.
4. An authorized official of the business must sign and enter the date signed.

**SECTION B - AUTOMATED CLEARING HOUSE (ACH) DEBIT**

1. Enter your bank's name and address.
2. Enter the bank account number of the business and check the appropriate "Checking" or "Savings" box.
3. Enter your bank's Routing/Transfer number.
4. Enter your bank's authorized representative signing this form.
5. The authorized representative of your bank listed in section "B" and an authorized official of the business must sign and enter the date signed.

**Note:** Choosing the ACH Debit option authorizes the Department of Finance and Administration or its agent to present debit entries to your bank for payments of your sales tax liabilities.

Before any debit entries are made to your bank account, **you must first initiate** the debit by calling the state's service bureau at its toll free number and follow the instructions from the instruction card. An information packet with the instruction cards will be mailed to you after you register for EFT purposes.

**SECTION C - AUTOMATED CLEARING HOUSE (ACH) CREDIT**

1. Enter your bank's name and address.
2. Enter your bank's authorized representative signing this form.
3. The authorized representative of your bank listed in section "C" and an authorized official of the business must sign and enter the date signed.

**Note:** Choosing the ACH Credit option requires you and/or your bank to have the capability of initiating ACH Credits in the CCD+TXP format. An information packet will be mailed to you from Bank of America after you register for EFT purposes.